

MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/928130

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		①					54						
5	1						55						
6		1					56						
7	1						57						
8		1					58						
9	1						59						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		↓			↓			↓			↓	
TOTAL DEP.	6	←		←		←			↓			↓	
TOTAL CLAIMS	10	[REDACTED]		[REDACTED]		[REDACTED]			[REDACTED]			[REDACTED]	